

Form F <i>Form Must Be Typed</i>	Kentucky Law Enforcement Council <i>STATUS UPDATE</i>	Office Use Only
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Mail: Kentucky Law Enforcement Council Funderburk Building 521 Lancaster Rd. Richmond, KY 40475-3102 Phone: 859-622-6218 Fax: 859-622-5943	Agency Name: _____ Agency Phone: - - Agency Fax: - - Contact Person: _____ Contact Email: _____
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WHY ARE YOU SUBMITTING THIS FORM? _____
☐ CHECK HERE if additional information is provided on a separate sheet.

PERSONAL INFORMATION:

SSN: _____	Name: _____
	<i>Last First MI Suffix Maiden</i>

Drivers License No.: _____	DOB: _____	Gender: _____	Race: _____
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Educational Level:	<input type="checkbox"/> GED	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
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Job Title / Rank: _____

☐ LINK/NCIC Criminal History Checked

ACTION:

What is the Effective Date of Action Indicated Below?: _____

☐ The above named individual is a **NEW HIRE**.

 The above named individual has **SEPARATED** from the agency due to:

<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Killed in the Line of Duty
<input type="checkbox"/> Termination	<input type="checkbox"/> Death	

OTHER PERSONNEL ACTION:

<input type="checkbox"/> Military Leave	<input type="checkbox"/> Military Return	<input type="checkbox"/> Other: _____
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Is this person employed as a peace officer, court security officer or telecommunicator with your agency or at another agency?
☐ Yes ☐ No If yes, where? _____

The above listed individual is/was employed by this agency as a:
☐ Full-Time ☐ Part-Time

<input type="checkbox"/> Peace Officer (KRS 15.420(2))	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Special Deputy (KRS 70.045)
<input type="checkbox"/> Court Security Officer (KRS 15.3971)	<input type="checkbox"/> Telecommunicator (KRS 15.530)	<input type="checkbox"/> Other (See <u>Job Title/Rank</u> above)

I hereby verify that the above information is true and accurate. Signed this _____ **day of** _____ **20** _____

_____ <i>Signature of Agency Executive or Designee</i>	_____ <i>Title</i>	_____ <i>Printed Name of Agency Executive or Designee</i>
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**Kentucky Law Enforcement Council
POPS Form F – Status Update
(Certification – KLEFPF – Training)**

Instructions: This form must be completed for full time officers at KLEFPF participating agencies whenever the following personnel actions occur: Employment, full-time to part-time, part-time to full-time, separation, leave without pay, or suspension without pay.

Officer Information:

_____-_____-_____/_____/_____
Social Security Number Date of Birth NAME: First M.I. Last

Employment: (KLEFPF Agencies Only)

_____, 19/20 _____
Date of Employment

_____/_____/_____/_____/_____
Previous Law Enforcement Agency (Most Recent) From To

_____/_____/_____/_____/_____
Previous Law Enforcement Agency From To

_____/_____/_____/_____/_____
Previous Law Enforcement Agency From To

_____/_____/_____/_____/_____
Previous Law Enforcement Agency From To

Termination/Resignation/Retirement:

(KLEFPF Agencies Only)

_____, 20 _____
Effective Date

Number of regular working hours if less than a full month:

_____ Hours

Indicate Hours Worked during last month of employment:

Month	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Will this officer be participating in a retirement system? If so:

Name of Retirement System

Percentage contributed by city/county

What date will retirement contribution begin?

☐ Suspension Without Pay ☐ Sick Leave Without Pay

☐ Leave Without Pay ☐ Other (please explain below)

From: _____, 20 _____

To: _____, 20 _____

TOTAL working hours without pay _____

Agency Certification:

I hereby verify that the above information is true and accurate. Signed this _____ day of _____, 20 ____.

Signature of Law Enforcement Agency Executive

Name of Agency

Printed Name of Signer

_____-_____-_____
Agency Phone Number

I hereby verify that the above information is true and accurate. Signed this _____ day of _____, 20 ____.

Signature of Mayor/Fiscal Officer/City Clerk

Name of Agency

Printed Name of Signer

_____-_____-_____
Agency Phone Number

Revised July 2008